

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011215

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1701

FILED APR 5 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
10 yearsc. FULL NAME OF (If not a hospital, give location)
HOSPITAL OR INSTITUTION 1400 LINWOOD BLVD.
ST. REGIS HOTELInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1400 LINWOOD BLVD.
ST. REGIS HOTELReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARIE

ELIZABETH

MORROW

4. DATE OF DEATH

Month

Day

Year

MARCH

23rd 1962

5. SEX
FEMALE6. COLOR OR RACE
CAUCASIAN7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
11-10-899. AGE (last birthday)
72IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOTEL MANAGER

10b. KIND OF BUSINESS OR INDUSTRY
HOTELS11. BIRTHPLACE (City and state or country)
BOWLING GREEN, MO.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

MASON, E. WARD

13b. MOTHER'S MAIDEN NAME

LUCY, ELLA, ABBOTT

14. NAME OF HUSBAND OR WIFE

DR. EARL J. MORROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

1400 LINWOOD
MRS. JAMES F. LEARY KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH
48 hoursConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterio Sclerotic heart disease

?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March, 22, to 62 March, 23, 1962 and last saw her alive on March, 22, 1962
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

402 Wirthman Bldg

22c. DATE SIGNED

3-23-62

23a. BURIAL, CREATION,
REMOVAL (Specify)

23b. DATE

MAR. 26, 1962

23c. NAME OF CEMETERY
MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.
D.W. Newcomer's Sons Kansas City Mo

25. DATE RECD. BY LOCAL REG.

3-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harned

VS 300
Rev. 4/59

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484 N.W. 2nd St. - La 1-1207
Hollywood, Fla.
484 N.W.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geneb. Michael

Licensed Embalmer No. 4340

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.